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|---|--|--------------------------------|
| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) | | Docket Number: CM03359J |
| In re Application of | Robert E. Stengel et al | |
| Application Number | 10/050,233 | Filed January 16, 2002 |
| For | DELAY LOCKED LOOP SYNTHESIZER WITH MULTIPLE OUTPUTS AND DIGITAL MODULATION | |
| Group Art Unit | 2634 | Examiner Linda WONG |

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above-identified application.

The requested extension and appropriate non-small-entty fee are as follows: (Check time period desired):

| | | | |
|-------------------------------------|----------------------------------|------------|----------|
| <input checked="" type="checkbox"/> | One Month (37 CFR 1.17(a)(1)) | \$ 120.00 | \$120.00 |
| <input type="checkbox"/> | Two Months (37 CFR 1.17(a)(2)) | \$ 450.00 | |
| <input type="checkbox"/> | Three Months (37 CFR 1.17(a)(3)) | \$ 1020.00 | |
| <input type="checkbox"/> | Four Months (37 CFR 1.17(a)(4)) | \$ 1590.00 | |
| <input type="checkbox"/> | Five Months (37 CFR 1.17(a)(5)) | \$ 2160.00 | |

☐ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the amount shown above is reduced by one-half, and the resulting fee is \$ _____

☐ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☒ The Commissioner has already been authorized to charge fees in this application to a Deposit Account.

☒ The Commissioner is hereby authorized to charge any fees which may be required or credit any overpayment to Deposit Account Number **502117**.

☐ I have enclosed a duplicate copy of this sheet.

I am the:

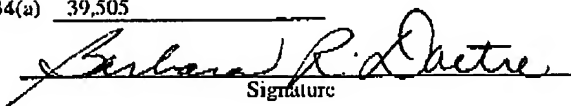
☐ Applicant/inventor

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

☒ Attorney or agent of record (Registration No.: **39,505**)

☐ Attorney or agent under 37 CFR 1.34(a)
Registration number if acting under 37 CFR 1.34(a) **39,505**

January 19, 2006
Date


 Signature
 Barbara R. Doutre
 Type or printed name

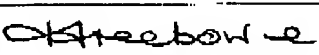
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ form(s) are submitted

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO to facsimile number 571-273-8300 or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313 on the date listed below:

Typed or printed name: Vernice V. Freebourn Date: January 19, 2006

Signature: 

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